

# McGILL DAILY

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## Israel Is Threatened

by Eugene Lancaric

More than 75 McGill supporters of Zionism met yesterday to denounce the McGill Daily's stance on the Middle East and to plan ways of "reaching out to students drowned in Arab propaganda."

Kim Lindy, of the McGill Committee for Social Justice in the Middle East (CSJME), which organized the meeting, said students were "no longer willing to be passive" about the Daily's support for the Palestine Liberation Organization (PLO).

Another CSJME representative, Robert Gorelick, said the group supports the State of Israel as the expression of Jewish nationality. "The Jewish question," he said, "was settled with the establishment of Israel 25 years ago."

Gorelick said the PLO refuses

to recognize the "validity of a Jewish national entity in the Middle East" and thus "poses a grave threat to Jews all over the world. It wishes to destroy our national sovereignty and our national rights."

Several students at the meeting said the Daily's coverage of Middle East events was pro-PLO, biased, and selective. They said articles supporting Zionism were not being printed or were being printed late. One speaker proposed that pro-Zionists not pay any student fees that go to subsidize the Daily.

Speaking for the Daily at the meeting, editorial board member Joan Mandell denied that any pro-Zionist articles have been suppressed for political reasons and said the paper prints representative articles and letters on both sides of the question.

"There's too much material on the Middle East to print it all, since it would be repetitious and since we have to cover other issues, but we do present both sides," she said. "Of course, presenting both points of view doesn't mean we can't take sides in our editorials."

CSJME representative Steve Aronson urged pro-Zionist students to "subvert the Daily from within," saying, "I hate the Daily, but we should join it and work at it from the inside."

Daily editor Bonnie Price said after the meeting that the Daily is open to all students, but said anyone wanting to be a staff member would have to do any assigned duties—such as reporting, production, and typing.

"If they want to work, that's fine," she said. "The more hard-working staff members, the better."

## Arctic Institute to stay

by Rory Clarke

The Arctic Institute of North America (AINA) is to remain in Montreal.

This controversial decision was handed down by AINA's Board of Governors last weekend. It ends months of speculation that the institute—including its library, which is housed at McGill—would be moved West for financial reasons.

Both the University of Manitoba and the University of Calgary had made substantial financial offers to the near bankrupt institute within the past year. Four Quebec universities headed by McGill, the provincial and federal governments, and private interests joined financial forces to enable the institute to stay in Montreal.

A major reason for the institute's poor fiscal state stems from its heavy reliance on U.S. aid in the past. U.S. interest in the institute has decreased substantially in recent months, and so has its funds.

### Loss of freedom

If the institute had moved out West, this bi-national (U.S. and Canada) "pure research" aspect of the organization would have been eliminated altogether,

meaning, according to some critics, that it would have been committed exclusively to government interests.

In the past, AINA has been accused of serving two masters—the U.S. and Canada—who have had mutually exclusive interests in the North. It has also been criticized for serving military and industrial interests by conducting petroleum studies.

Dr. Trevor Lloyd, of McGill's geography department, who is a past member and chairman of AINA's executive board, opposed these claims yesterday, saying that everyone who carries out pure research has been subject to similar criticisms. He said that information obtained by AINA through research could be used by anyone.

In the past, Lloyd said, private industry contributed very little to AINA's research; it was financed mainly by taxes, membership dues, and revenue from publications. "I complained about this," he said. "I felt that industries who benefitted most from the research should have contributed more heavily to it."

It seems as if Lloyd's wishes are coming true. According to a recent article in the Gazette, at

least one private industry will be contributing heavily to research funds in the near future.

### Institute changes direction

Now that the Arctic Institute is staying in Montreal it will have a different direction than it has had in the past. According to AINA's executive director, Brigadier W.H. Love, the institute will be more "service oriented by encouraging young scientists and building up and extending information services." The institute, he said, will no longer do research unless specifically asked.

These changes in the institute's direction resulted from a number of recommendations made by AINA's board last August. The recommendations were ratified over the weekend. Love said the decision to keep the institute in Montreal may have been influenced by the fact that it is "a large centre of academic groupings."

Director of AINA's Montreal office, Kenneth de la Barre declined to comment on the board's decision before a press release from Brigadier Love is made public.

Dean Walter Hitschfeld, vice president of research at McGill and a key figure in the debate, could not be reached for comment.

## Exam shift vetoed

by Steve Stansel

A proposal that would have shifted first-term exams in the Arts and the Science Faculties in 1975-76 from after to before Christmas vacation has been vetoed despite student support for the change, an administrative assistant in the Arts Faculty said yesterday.

Isobel Oswald said the Arts Faculty decided last week that it would be impossible to reschedule its exams in time for next year, but said the exams could be rescheduled in later years. The Arts Faculty decision means the Faculty of Science will not shift its exams even though it had voted to do so.

The Science Faculty had set up a committee, headed by Associate Dean of Science Michael Herschorn, to explore

alternatives to the present exam timetable. The committee sent questionnaires to more than 7,000 Arts and Science students last summer asking them when they would prefer to write their exams. Of the 790 students who replied, 87 percent endorsed pre-Christmas exams.

After receiving the poll results, the science committee voted to shift the exam time for 1975-76 if the Arts Faculty did so as well. Herschorn said at the time that it was important "not to make any change that would separate the Arts and the Science faculties."

The Arts Faculty decided to maintain the present exam schedule at least until next year, Oswald said, because a shift would cause difficulties in registration and sectioning.



John Elstad

Art classes are being held in Redpath Museum

(— See page 9)

### Workers' Support Committee

The Workers' Support Committee is planning a rally today at 1 pm in Union B26-27 to discuss Monday's Board of Governors incident. Scheduled speakers include a reporter from Volume 57, the Université de Montreal student paper, who will talk on that university's big business-dominated administration and a representative from the Comité de Solidarité avec les Luttes Ouvrières, who will speak on the growing support for the Aircraft strike.

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### Medical supplement

- "serving the people"—medical care in China
- How the socio-economic background of Montrealers determines their health
- The special case of women medical students at McGill



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## Women's Union By-Elections

Being Held December 10, 1974  
Nominations Close  
November 29, 1974  
at 4:00 p.m.

Nominations are hereby called for the following  
positions on the Women's Union Coordinating  
Council:

1. Representatives for the following positions must be  
women students — either graduate, undergraduate, or  
part-time — in any faculty and in any year, having  
spent at least one full academic year at McGill  
University, and must be in good academic standing  
with the university. The terms for these positions will  
terminate June 30, 1975.

- Internal Vice-President
- External Vice-President
- Secretary
- Treasurer
- Two members-at-large

2. Representatives for the following positions must be  
women students who are in the particular year  
specified by the title of the office, in any faculty, and  
must be in good academic standing with the university.  
The terms for these offices will terminate in December,  
1975, except the U3 representative which will terminate  
June 30, 1975.

- One U1 representative
- One U2 representative
- One U3 representative
- One graduate representative

\* All nominations must be signed by 50 regular  
members of the Women's Union, i.e. women graduate,  
undergraduate, and part-time students, and counter-  
signed by the nominee with her address and telephone  
number. No person may hold more than one position  
on the Coordinating Council.

\*\* Nominations must contain the following words:  
"We, the undersigned students, nominate .....  
for the position of ..... on the  
Coordinating Council of the Women's Union."

\*\*\* All nominations must be handed in personally to  
Mrs. Haddad at the Students' Society office in the  
Students' Union by no later than  
4:00 p.m. Friday November 29, 1974



# Medicine

## Women med students go into community

by Ann Kenney

An association of women medical students was created this year at McGill to help women in the medical faculty combat the alienation produced in a male-oriented profession and to provide a forum for discussing alternative approaches to medicine.

The Woman Medical Students Association, according to representative Jeannine Simon, was conceived when the students saw women in hospitals and clinics who were desperately ignorant about their own bodies or who wanted information and were unable to receive it from traditional medical channels. They saw patients who were so disillusioned with the health care at their disposal that they took medicine into their own hands, often with tragic results.

The medical students also felt alienated and insulted when women were the brunt of jokes in their classes, especially when pictures of women's bodies were gratuitously displayed. The Woman Medical Students Association, Simon said, sees itself as a means of

expressing dissatisfaction with sexism in a unified and constructive way.

The WMSA started this year by helping organize the October seminar on Women and Health, which featured speakers from the Boston self-help clinic and discussions about common medical problems that confront women.

Simon said the women's group has several goals: to reach out to the community as women and to effect necessary change, to educate women in high school about their bodies as a form of preventative medicine, and to act as role models for women, encouraging them to consider a medical career. They also wish to be available to all women medical students to help with personal problems.

The women wish to get students involved in the community as part of the medical school curriculum by allowing students to participate in clinics such as Family Planning centres or Rape Relief programs for credit. They see this involvement as a way of sharing their highly technical knowledge with the whole community.



# China: Serving the people

"The best form of providing health protection would be to change the economic system which produces ill health, and to liquidate ignorance, poverty and unemployment. The practice of each individual purchasing his own medical care does not work. It is unjust, inefficient, wasteful and completely

outmoded. Doctors, private charity and philanthropic institutions have kept it alive as long as possible. It should have died a natural death a hundred years ago, with the coming of the industrial revolution in the opening years of the 19th century. In our highly geared, modern industrial society there is no such

thing as private health—all health is public. The illness and maladjustments of one unit of the mass affects all other members. The protection of the people's health should be recognized by the government as its primary obligation and duty to its citizens."

Norman Bethune

by Paul Lin

Startling developments have taken place within one generation in medicine and health in China—a nation that was once called, for more reasons than one, the "Sick Man of the East."

Twenty-four years ago, when I first arrived in the freshly liberated cities of China, the indescribable scars of the old society stared me in the face. Scruffy, hungry dogs lapped up the excrement of equally hungry urchins in the streets. Poverty, disease, and starvation blotched the land, like the open sewers and fly-ridden latrines. One out of three people in the crowded streetcars looked as if he or she had at least trachoma if nothing worse. The annual mortality rate of the land was said to be twenty-five per thousand. The most dread afflictions of man—smallpox, dysentery, cholera, typhoid, malaria, schistosomiasis, kala

azar—drained the last energies, if not life itself, from millions of people.

Yet in a few incredible years, smallpox and cholera were eradicated; opium addiction and prostitution disappeared along with mass unemployment. These advances, in turn, reduced the incidence of mental diseases such as neurosyphilis and general paresis of the insane to one or two per cent of all hospitalized cases where, before liberation, they had been ten per cent. Overnight, pride in personal and environmental hygiene became part of the new national ethos. Foreign visitors judged Chinese cities as among the cleanest in the world, almost completely rid of flies and litter. The country was well on the way to controlling venereal disease, schistosomiasis, kala azar, and a host of other scourges, as well as to building one of the most comprehensive health systems known.

How did it happen? By better drugs and techniques alone? By stringent legal measures or regimentation? It would be naive to think that the problems of seven hundred million people could be solved by edict. In fact, something of tremendous power had emerged. It was on two levels—effective leadership and popular participation. The key question was whether human factors could be mobilized to the fullest for a clearly defined, commonly accepted social purpose.

The development of medical care in the People's Republic of China, like other institutional developments, cannot be fully understood without examining the dynamics of the larger processes of fundamental social change that this country has been undergoing. In two decades, China, one of the great mother-civilizations of the world, has brought about a profound, socio-econ-

omic transformation—from private to public ownership of factory and farm. It has set in motion a metamorphosis of human relations, singling out the institutions and values of the old predator classes for repudiation, and replacing their self-serving, competitive values and narrow family loyalties with the collective orientation of a co-operative and egalitarian society.

The processes of change have been protracted and complex. If one were to characterize them simply in terms of the Chinese people's own perceptions, it would be to say that all these processes involved a major transference of purpose and power—from exploitation by the few to service of the people.

Yet to leave the matter there would be to over-simplify, for major tensions were

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## China...

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generated by these processes, and difficult struggles were fought all along the way. A new socio-economic structure does not automatically produce a new value system or new strategies of development. The latter, too, must be fought for. In retrospect, it would have been strange if this were not so, for old, regressive social forces have never been known to bow graciously off the stage of history. They try instead to shape new societies in the mold of the old.

In China, the diehards were supported, often inadvertently, by tenacious habits of thought among the people, by bureaucratic inertia, and by the fetishes of imported models of development. And so, the struggles inevitably manifested themselves in conflicting viewpoints and policies. This proved to be as true in medicine and health as in any other field.

From 1880 to 1949, only eighteen thousand Chinese doctors had been trained. Almost without exception, they went into practice in big cities like Shanghai, Nanking, Peking, and Tientsin, because in the cities were to be found material gain, advancement, prestige, and amenities of life. The villages where eight out of ten Chinese live, were neglected.

These disparities flowed from the stratified, exploitative nature of the old society. In the new, more egalitarian society, medical schools turned out eighteen times as many graduates between 1949 and 1965 as in the twenty years prior to 1949. Yet until 1965 there was little evidence of a policy that would begin to ease the appalling shortage of doctors in the countryside.

It was the Cultural Revolution that at last made a breakthrough in this as in other fields.

### Med students recruited from factories and communes

Recruits are now chosen only from educated young people who have had two to five years of experience working in the factories or communes and have been recommended by their peers and fellow workers as having demonstrated outstanding qualities of public spirit and service. Talking with the buoyant, eager students, I found it hard to disbelieve their renunciation of narrow, careerist ambitions and their overriding willingness to accept, almost as a matter of honor, the challenge of the rural milieu, of serving the peasants whom they had come to know as intimately as their own families.

Nor is their sojourn in college allowed

to insulate medical students from the people and everyday life. Whereas previously medical students had no clinical experience before the fourth year, they now begin clinical work in the latter part of the first year of a condensed three-year curriculum. And this work often means duty in a commune or factory under faculty supervision. In such clinical experiences, students reinforce their sense of responsibility and concern for the common people as much as they learn professional medical techniques.

Placement policies follow logically from this kind of training. As of last year, eighty per cent of all medical school graduates have been placed in rural areas, many of them returning to the villages from which they came. Twenty per cent are kept in the cities, some going on to research.

The paramedical program has been a dramatic development. There are now more than one million paramedics, or "barefoot doctors," in China's vast countryside—at least one to every production brigade. The very term "barefoot doctor" tells us something about these fresh recruits. It is the affectionate term given them by the long-neglected peasants. For these are the peasants' own young people, their own sons and daughters, neighbors, and fellow workers, who have been trained on the spot for periods of six months to a year by professional doctors sent out to the villages for tours of duty.

I was apprehensive: with such elementary training could mistakes of diagnosis and therapy be prevented? We were assured that they had been taught to know what they know and also what they do not know. Moreover, they are ultimately entering medical schools. In the circumstance much of China's countryside would have been without health care altogether if it were not for the paramedics.

The role of the hospitals—city or country, general or specialized—has also changed. Medical service more and more means a two-way traffic between doctor and patient. Hospitals are increasingly engaged in the dual process of receiving patients and sending out medical teams.

### Medical teams go to country

The duties of the medical team were to bring medical supplies and medical care directly to the people; to train local health workers in the prevention and cure of diseases prevalent in the locality; to collect and analyze locally available medicinal herbs and build local pharmaceutical processing plants.

The prime objective was to develop each locality's capabilities in terms of self-help and self-reliance so that

medical services could be brought quickly, safely, and cheaply to the people. For those going to the countryside, it was a re-education in attitudes as well as in expertise. Clearly, very much could be done with very little once you "go to the people."

What is remarkable is that this shift to the villages has not left the cities neglected. Urban medical teams have been multiplying also. For example, Peking's Capital Hospital set up mobile sub-teams to bring services to six nearby street neighborhood committees embracing thirty thousand people. Each street committee runs a health station which cares for several thousand people. Paramedics give simple medical services under the supervision of the health station.

Primary emphasis, however, is on prevention, especially on environmental hygiene, rather than cure. The mobile sub-teams make the rounds of all six street committees. Trainee paramedics, many of them young housewives chosen for their public spirit and intellectual promise, are given short training courses and then follow the sub-teams on their rounds to learn from them as they practice.

These paramedics gain a surprising amount of knowledge in a short time, and can then handle simple illnesses, run small pharmacies or pharmaceutical workshops, organize health campaigns, disseminate birth-control information, and run first-aid programs and simulated air-raid shelter casualty-prevention practice. They may also perform such public-hygiene tasks as inspecting food and enforcing medical examinations for food handlers.

The net result of the new system is that the whole population is gradually being covered by health care through maximum involvement of the people themselves. And in the process the people have become more and more knowledgeably health-conscious and in control of their own health services.

### Medical care free

Accessibility to medical treatment, unknown for the poor in old China, has been reinforced by free or low-cost coverage of expenses.

This main thrust is also evident in the reorientation of medical research. Before, the focus of attention was on relatively rare, esoteric cases whereby a researcher could gain national and even international fame by a brilliant discovery or solution. The struggle to replace self-oriented careerism with values of service has shifted the main research focus to the most prevalent diseases. Much energy seems to be expended, for example, on chronic bronchitis.

Has this denigrated the highly trained professional researcher? I think not. Such a researcher seems to have a more important role than ever to play. In fact, the new people-oriented nature of all medical work has tended to link research with popular participation and mass movements, and this, in turn, has brought the researchers and laboratory workers into close contact with the people, something that has given them evident satisfaction.

### Working closely with communities to beat cancer

The following is a striking example of combining research with mass movements. Last year, I talked with cancer specialists who had participated in a vast research project to study the etiological factors in cancer, now one of the major killers in China. The researchers had chosen an area of high incidence of esophageal cancer—Linh-sien, a county in Honan Province—where the morbidity rate was six hundred to every one hundred thousand, with a correspondingly high mortality rate.

The research teams began their work in 1969 by moving down to live for extended periods of time among the people—a familiar work style in China known as "tun tien," or squatting at a point. To get comparative data, the investigators started with an intensive survey of a population of 640,000 scattered over fifteen people's communes. The idea was to look for special environmental peculiarities that might be compared with low-incidence areas. For example, they discovered a high occurrence of nitrites and zinc in the soil and a low occurrence of molybdenum, iron, and copper which, added to other factors, seemed to point to nitrosamines as carcinogenic agents. The survey gave negative evidence on the role of such factors as heredity or the quality of the food.

One part of the research required the collection of cell smears from all persons over thirty years old among ten thousand people. In the two brigades where the research teams had moved in, they discovered that two-thirds of all normal people had hyperplasia of the esophageal mucosa. Roughly one fourth of them had usually progressed toward actual cancer. The latent period was found to be one to five years. In the few years since the team arrived, early detection and treatment has resulted in more than ninety-five per cent cure by using simplified radiation procedures.

In the past, such early detection of cancer of the esophagus was unknown. The current research needed the full co-operation of the population, especially since it involved obtaining cell smears through a process of swallowing small rubber balloons. At first, the peasants would leave when they saw the teams approaching. Later, they volunteered to take the tests. The detection program soon reached ninety per cent of the population.

What had happened? This remarkable change of attitude was inseparable from the fact that, since arriving in the villages, the research teams had engaged in what is known in Chinese work style as the "three togethers"—which means to eat together, live together, and work together—with the peasants. This identity of activity, of purpose, and of concern convinced the peasants of the researchers' oneness with them, and their skepticism turned into enthusiastic co-operation.

In the process of learning from the peasants of Linh-sien the research teams, in turn, imparted to them as much medical knowledge as they could.

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Understanding their own medical problems for the first time, the peasants took the initiative to co-operate. As a result, the team's three-month survey was completed in twenty-one days. When tests on animals were required, teachers even mobilized their students to catch mice for examination. People-oriented research had gained the full co-operation of the people.

This is a remarkable survey. It continues a tradition of relying on the masses to accomplish large tasks with meticulous care and thoroughness. I remember the early campaigns to wipe out the four pests—flies, mosquitoes, bedbugs, and rats. Mobilization was so thorough that each of us, regardless of whether he was a janitor or a university president, carried a flyswatter and a vengeful lust for dead flies, for each had his quota to fill by the end of the week.

#### Integrating traditional and modern medicine

The dramatic improvement in the delivery of health services is inseparable from the policy of integrating traditional Chinese medicine with modern Western medicine. Here, too, there has been a sharp and prolonged struggle.

Traditional medicine, with a rich legacy of several thousand years, had developed very effective techniques of diagnosis and therapy, and an enormous pharmacopoeia of herbal drugs. True, it lacked a body of theory based on experimental science, but it was an empirical body of scientific knowledge of great value.

While the traditionalists had to be urged to learn from the modernists, the mental resistance was greater among the latter. In 1958, the key issue was brought to the fore—modern physicians must learn from the traditional system. Since then, an undetermined number of doctors with a great deal of clinical or research experience have gone into the study of traditional Chinese medicine.

The aim was to absorb the best of the foreign and the best of the indigenous heritage. Denigrating one or the other would be as detrimental as would be the uncritical, wholesale acceptance of either. It is around this issue that the struggle has revolved. The Cultural Revolution seems to have moved both medical traditions closer to a true amalgam.

#### Acupuncture

The joining of the two medical traditions has already produced some remarkable results, perhaps the most spectacular being the use of acupuncture anesthesia. The full implications of this breakthrough for the delivery of medical services for a vast, predominantly agrarian country like China have yet to be assessed.

I have witnessed a number of major thoracic and cranial operations with acupuncture anesthesia in China, including two in the middle of the Sinkiang Desert, typical of the more than half a million that have already been performed. I have been impressed by the simplicity of the equipment and procedures (pulmonary lobectomies have been performed with analgesia induced by the insertion of only one needle). The absence of postanesthetic ill effects has also been striking. The patient was always conscious throughout, drinking fruit juice, even chatting with the nurse. In some cases the patient preferred to get off the operating table when it was all over and walk out. Such procedures and their results have been observed by medical specialists from all over the world, including recent delegations of the American and Canadian Medical Associations.

The Chinese medical profession is the first to caution against making

extravagant claims for the general applicability of acupuncture anesthesia. Abdominal operations, for example, are not as successful because of visceral traction.

Also, much work remains to be done to discover the underlying principles that explain the analgesic effect. There have been many hypotheses, although it is certain that there is no basis for the theory of "placebo effect," since anesthesia has been induced in six-month-old babies and in animals.

Sometimes startling results have been achieved by amalgamating traditional and modern medicine. The use of herbal drugs in the treatment of leukemia has lengthened the survival of patients from four months to six or seven years. The experience of a friend corroborated this. Chinese herbal drugs have been used for treating acute appendicitis without surgery. They have been used to fortify the general resistance of patients such as for septicemia in burns. The treatment of fractures of limbs has been revolutionized by a combination of both Chinese and Western methods of reduction, limited immobilization with small splints, and accelerated functional recovery, operating on the principle of bringing into full play the natural corrective mechanisms of the human body.

Above all, the merging of the two medical traditions is another example of the Chinese developmental strategy known as "walking on two legs," the use of both modern and indigenous technology, so that all the resources available for the building of the nation and its health may be fully utilized.

#### Psychiatric care through peer group help

With regard to psychiatric care in China, the first and most obvious observation to a layman like me is that, while mental diseases have a basis in complex physiological, ideological, and sociological factors, society as a pathogenic agent has receded to little

importance since the founding of the People's Republic.

Nearly everyone in China is involved in meaningful work, and although idleness may not be the direct cause of neuroses, it is no longer a contributing factor. There is now general economic security, though still at a relatively low level of income and consumption.

For perhaps ninety-five per cent of the people, the process of change has been, for the most part, one of de-alienation and reintegration, a process of consciousness transformation in which the Chinese like to use the formula "unity-criticism-unity." Above all, the whole society seems to be working in unison toward certain superordinate goals—the building of a strong, productive, and non-exploitative new China—and all are immersed in the struggle for these goals. The dominant ethos is one of hard work, self-reliance, frugality, and "service to the people."

This does not mean that there are no dissemblers whose inner drives run counter to these values, nor is interpersonal conflict a thing of the past.

What seems truly a thing of the past is the dominance of the prerevolutionary, stress-producing, competitive values. As a result, the strain between an individual's perception of his own performance and his personal ambition, or the expectations of his family—to the extent that such strain still survives as a cause of schizophrenic aberrations—can more easily be solved in the context of a society which emphasizes the significance of everyone's concerted effort toward a common social goal. Today, there is no "keeping up with the Wongs."

In all my years in China, I shared with all other people the sense of relaxation at the lack of excessive concern over formal changes in clothing or other external appearances. Involuntary periods in the lives of men and women seldom produce anxieties about loss of vigor or of role. By and large, students in the revamped schools no longer feel

subjected to the unhealthy strains of a highly artificial and competitive academic situation or of the quest for elitist roles in society. Survivals of such outdated values are vigorously combated in searching critiques, in which everyone takes part as a process of self-education.

#### Children warmly cared for

In China today, the child is treasured and receives good prenatal and postnatal care; and everywhere there are creches and kindergartens. In a society where every adult is "uncle" or "auntie," the workday separation of the child from the mother does not usually produce any strains. In any case, the nuclear family, now predominant in China, is still a cohesive unit, though not the entire focus of emotional investment; and young and old move easily into the society as a whole, conscious of themselves as builders with high mission and common purpose.

Perhaps it is these things which make the incidence of mental diseases so low in China. However, they do occur, and about half of the psychotic patients are classified as schizophrenic.

Since 1958, the management of mental patients in hospitals has shifted to nonrestrictive methods. It seeks to provide as relaxed and as normal an environment as possible in the hospitals, indeed, to eliminate the wall between hospital and society, between professional therapists and paraprofessional and non-professional associates who together constitute a total supportive environment to help the patient regain an accurate perception of reality.

Mental patients are encouraged to read ordinary newspapers and take part in recreation and athletics. Hospital personnel are educated to treat them as their own comrades.

In today's hospitals, mental patients can often be seen studying epistemological treatises on the theory of reflection and cognition. The idea is to take the patient's mental universe as a flux of conflicting "normal" and "abnormal" perceptions and to help him take a strong and conscious part in his own therapy and recovery. Indeed, patients are paired off (advanced recoveries with new admissions) to help each other.

These groups (of about ten patients each) organize recreation, tours, light work, and study sessions. Their varied activities are intended to maintain a constant sense of non-isolation, of contact with social reality, to help the patient's inner struggle with aberrant perceptions in an atmosphere of "mutual concern, mutual protection, and mutual help." Furthermore, the hospital does not relinquish its responsibility after the patient is discharged. His progress and reintegration into society are followed by periodic (bi-weekly, then less frequent) check-ups, and psychiatrists go into the family and living and working milieu to help build a supportive community environment, partly based on popular mental health education but more basically on appeals to the prevailing ethic of mutual human concern. All these are still experimental approaches, but they appear to have had positive results.

Professor Paul Lin heads the Centre for East Asian Studies at McGill. Living in China during the decade after the 1949 revolution, he experienced first-hand China's struggle to develop a new society. In recent years, Lin has revisited China several times.

This article is adapted from an article that appeared in the Center Magazine of Santa Barbara, California, Volume VII, #3.





# Health: a right for the rich,

by Jack Siemiatycki

Low income and welfare families suffer from a great deal of unnecessary sickness. This sickness is caused by poor living conditions and poor health care.

We are commonly told about the greatness of our country and the superiority of our political and economic system, yet international comparisons indicate that the health of Canadians in many parts of the country is comparable to those of the underdeveloped world. How can it be, for instance, that the rate of infant mortality is twice or three times as high in one area of Montreal than in another? That TB, rickets, malnutrition, and other "19th century diseases" are still with us? That heart disease, the nation's number one killer, is more common among the working class of North America than almost anywhere else in the world? That mental disorders are far more common at the low end of the economic scale than at the upper end?

There is a conventional idea that so far as health is concerned what the poor need is more medical care. This is not true. Even if everybody got the same amount and quality of health care, the level of ill health would still be very high among poor people. This is because many diseases and disabilities are caused by some aspect of living conditions that must be dealt with if the health of our community is to improve.

This report is a survey of research concerned with which sicknesses are caused by eco-

nomie deprivation, how this deprivation causes sickness, and how the present health system deals with this problem. Unless otherwise stated the comparisons in Montreal will be between the southern area (which includes Point St. Charles, Little Burgundy, St. Henri, St. Jacques and Ville Emard) and the northern and northeastern area (which includes Ahuntsic and Villeray). The southern area is to a large extent made up of low income workers and unemployed, while the northern area has a greater number of self-employed, white collar workers, businessmen, and professionals. In general, the people of the northern region enjoy a higher standard of living than those in the South. However it should be emphasized that the northern area is not at all as affluent as the many suburbs of Montreal.

A comparison between the northern and southern areas of Montreal shows that in 1970 0.58 percent of the population in the northern area died as compared to 1.17 percent in the southern area. The chance of dying was twice as great for a resident of the poorer area. If the chance had been the same, 1,232 of the 2,449 people who died in the poorer area would not have died.

The death of babies up to the first year of life is considered by most health experts, including the World Health Organization as one of the most indicative indices of the health of a community. This index is important because it is thought to reflect on the general health of the mothers, the medical care they receive before, during and after

birth, the medical care which the baby receives, and the healthfulness of the baby's environment.

Infant mortality has been shown to be strongly related to economic class. From 1965 to 1967 the rate of infant mortality in the poor working class area in the south of Montreal was almost three times as high as the rate in the more affluent west-island suburbs. At least 25 countries have lower infant mortality rates than the southern area of Montreal, and yet Canada prides itself as being one of the wealthiest countries in the world, per capita. Obviously this wealth is not distributed equitably.

Cardiovascular disease and cancer account for over 75 percent of the deaths in Canada. Because of the increase in heart disease with industrialization and because it is more prevalent in the western world, it has erroneously become known as a disease of affluence. Studies in the United States and Canada have proved differently. In 1969 the southern working class area of Montreal had about 50 percent more cancer mortality than the northern area, and about 2 times as high a rate of death by cardiovascular disease as the more affluent area.

There has never been much doubt that infectious diseases are associated with poor living conditions. A 1966-1967 Montreal Catholic School Commission study of 833 first-graders showed that the group from underprivileged areas had been hospitalized during their preschool years about 5 times as much as other children. Among

the leading causes of this hospitalization were infectious diseases such as whooping cough, tuberculosis, gastro-enteritis and pneumonia. In Montreal the death rate from influenza, pneumonia, and gastro-enteritis was about four times as great in the southern area as in the northern area. Furthermore the reported incidence of the infectious diseases that must be reported to the Health Department and that are not necessarily fatal was about 50 percent higher in the southern working class area. (Probably a significant number of cases in the poor area go unreported because some cases are never seen by a doctor.)

Various deficiency diseases have shown up among children in Montreal. The few studies of iron deficiency anemia that have been done have indicated rather high prevalence among the North American poor. While no comparative socio-economic studies have been carried out in Montreal, hemoglobin determinations on about 300 people of all ages who attended a special Nutritional clinic in Point St. Charles indicated that 64 percent had below acceptable levels (as defined by the World Health Organization).

The list of diseases which increase in incidence with decreasing socio-economic standing is much longer, including dental disorders, mental illness, diabetes and rheumatoid arthritis. A look at the factors that cause sickness and death will clarify why socio-economic status makes a difference in health conditions.

There are various aspects of poor housing that contribute to disease. Respiratory infections can be caused in a cold climate such as ours by inadequate heating or insulation. Overcrowding increases the risk of spreading infectious diseases which pass from person to person. Combined with poor ventilation overcrowding can cause discomfort, headache and nausea. Overcrowding and lack of privacy can also cause psychological stress.

Tenants living in a house that is not kept up well by the land-



Paul Miller

lord or seldom fumigated and where garbage is allowed to accumulate will be visited by rats and mice. As well as frightening some people, rodents can cause food supplies to become infected and poisonous. Lead poisoning, resulting when young children eat paint peeling in old houses which have not been painted for a long time, is a serious problem.

Some accidents and fires are major causes of death and injury. Homes in disrepair, loose banisters, loose stairs, broken furniture, appliances in need of repair, gas stoves or water heaters and exposed or loose electrical wires cause accidents and fires. An examination of Montreal Fire Department records in 1971 indicate that there were far more home fires in the southern area of the city than in the northern. An indication of the quality of housing in southern Montreal is given by the fol-



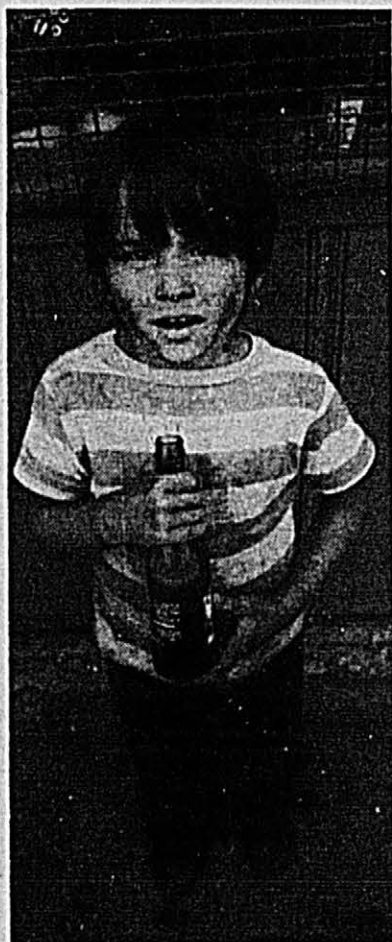
TABLE 1  
Death rates per 100,000 persons, due to selected causes, in two areas of the City of Montreal, 1970.

| Cause of death                   | Northern area (wealthier) | Southern area (poorer) |
|----------------------------------|---------------------------|------------------------|
| Cancer                           | 129.8                     | 275.1                  |
| Diabetes                         | 12.8                      | 37.1                   |
| Stroke                           | 53.1                      | 94.6                   |
| Coronary and other heart disease | 234.5                     | 464.2                  |
| Accident                         | 31.4                      | 53.4                   |
| All other causes                 | 120.3                     | 247.4                  |
| Total death rate                 | 581.9                     | 1171.8                 |

N.B. The rates as reported are not age standardised, but the slight difference in age structure of these two areas would only explain a small part of the observed differences in death rates. Note that for each cause, the poorer area has a substantially higher rate than the wealthier area.  
Source: Report of the Department of Health, City of Montreal, 1970.



# a privilege for the poor



Rick Oliver

portant period of brain tissue growth is before and just after birth. If the infant doesn't get an adequate amount of nutrients during this period, its mental capacity is limited for the rest of its life.

Although many low-income families manage to have three meals a day and do not go hungry, they must rely on the least expensive foods which tend to be rich in carbohydrates and fats and poor in protein, iron and other vitamins. Estimates have been made by experts at the Montreal Diet Dispensary as to the minimum cost of a healthful diet. According to their findings, all families on welfare and many on low-incomes would not be able to meet the minimum requirements even if they never spent money on anything but essentials.

It appears that mental stress can have serious effects on various parts of the body, specifically high blood pressure, kidney disease, arthritis, allergic diseases, and mental disease to name a few. Available evidence supports the view that low income and welfare recipients are highly stressed. This isn't surprising. The precarious economic situation means constant worry about food money, rent and debts. The rich can relieve tension by means of recreation or vacations, but how many welfare recipients or low income workers can take off the day on the golf course or go to Bermuda for a month?

The worker often dislikes his job and feels trapped. On the other hand he is afraid of being laid off. He is considered by the bosses as nothing more than machinery and this produces in the worker a sense of humiliation. He is seldom in a position of responsibility and seldom is able to be creative in his labor, but since human beings have creative impulses and there is no outlet, feelings of tension and frustration can develop.

Industrial accidents and diseases are still major sources of death and disabilities. Faulty equipment, improper supervision, and lack of protective apparel result in many industrial

accidents. A number of construction workers have been killed in the last few years in Quebec because of such inadequacies. More common are losses of fingers or hands or eyesight because of some machine fault. Just as important are the chemical substances that workers touch or breathe. Workers in various industries may be in frequent contact with many agents that can have harmful effects. Many of these are used in various industrial processes and the worker often doesn't even know what he is exposed to. Of course it is common for the lowest paid workers to be in the most dangerous positions. Needless to say, governments have not shown interest in legislating meaningful protective measures.

It is well known that the intake of small amounts of fluorine regularly can substantially reduce the amount of tooth decay and many municipalities add fluorine to their water in order to prevent tooth decay in the population. These programs have been extremely successful and cheap. Montreal's Mayor Drapeau, despite the advice of his own health department and numerous dental associations, refuses to fluoridate our water.

No reasonable person would doubt that poor people get less and worse health care than others in a system where people have to pay for it. Despite the fact that Canada signed the World Health Organization charter which stipulates that health is a right of all people, we have been witnessing the cruel manifestations of free enterprise capitalism in the field of health care. The recent implementation of Medicare in Quebec has gone some way in alleviating the problem of access to medical care, but a number of major objections still remain. Although the mechanism of payment has changed there is no indication that the exorbitant salaries of doctors will be reduced. This means that working class people are paying for high medical care costs through taxes. The argument commonly

heard from apologists for the system is that since income tax is graduated it is the high income groups who really pay for Medicare. However income tax represents less than one third of government tax revenue, the rest coming from sales tax, import duties, property tax, excise taxes etc. which are passed on to the consumer. Another argument that is used to justify the exorbitant medical salaries is the fact that medical students study for eight years or more with little or no income. It is forgotten, however, that the greatest proportion of the costs of their educations are paid for by public funds. Also, this long period of study without income works to restrict medical schools to the children of affluent parents. The solution to this problem is not to compensate doctors with a fantastic salary after they start practising, but to give students a subsistence level stipend and a reasonable income when they begin practicing. This would save the tax payer money in the long run and ensure that children from all economic classes can become doctors.

In the past, medical associations have been successful in restricting the number of practitioners who come into the market. This has served to protect the monetary value of doctors. We are far from the World Health Organization recommendation of one doctor for every 600 people and every effort should be made to increase the supply of doctors.

The costs of drugs are not covered except for welfare recipients. The contradiction between giving free medical advice but not free medication is ridiculous. The alleged reason for this omission is that it would be too expensive for the government to afford. If it is true that the government can't afford the costs that drug companies demand, then serious consideration should be given to the reorganization of the entire pharmaceutical industry. The pharmaceutical industry has one of the highest margins of

profit of any industry and as well is highly wasteful in that about one third of its expenses are devoted to advertising, promoting and sales. This is about five times as much as is spent on research by the industry. Most of this research is performed not primarily to find useful drugs, but to improve the profitability of already existing drugs and to satisfy public relations needs.

It is clear that living conditions and health are intimately related. All classes of people get sick, but the poor get sick more often and more seriously. Food, shelter, neighbourhood environment, personal habits, education, security, safety of working conditions and self-esteem are some of the factors that cause an increase in the amount of disease in the poor areas of a city. These factors are important individually but must be understood as different aspects of the same problem. Better housing, by itself, or better education, or better job security, or improvement in any other individual factor will be very limited in its effect on health. All of these factors are interdependent and it is the whole complex of poor living conditions that must be attacked.

Medicine involves three processes: prevention, diagnosis, and treatment. The most humane and effective process is prevention. But as we have seen, the prevention of disease involves the improvement of people's living conditions. The improvement of living conditions is thus the legitimate concern of health workers and health clinics. This will require a greater amount of education of health personnel and of the community, but we cannot rely on the "establishment" to provide guidance. The old ways have failed, we must now be bold and imaginative.

This article is taken from a research report to the Point St. Charles Community Clinic in Montreal. Jack Slemiatycki is in the Epidemiology department at McGill.

TABLE 2  
Measures of Sickness by Family Income, U.S. 1968-69.

| Family Income   | Days of restricted activity due to illness per person in each age-income group per year. |             | Percent of persons in each age-income group with some limitation of activity due to chronic conditions. |             |
|-----------------|------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------|-------------|
|                 | 17-44 years                                                                              | 45-64 years | 17-44 years                                                                                             | 45-64 years |
| Under \$3,000   | 18.5                                                                                     | 42.8        | 13.6%                                                                                                   | 40.9%       |
| \$ 3,000- 3,999 | 15.9                                                                                     | 29.3        | 10.9%                                                                                                   | 28.3%       |
| \$ 4,000- 6,999 | 12.0                                                                                     | 20.8        | 7.6%                                                                                                    | 19.6%       |
| \$ 7,000- 9,999 | 10.9                                                                                     | 16.9        | 6.1%                                                                                                    | 15.3%       |
| \$10,000-14,999 | 10.4                                                                                     | 15.1        | 6.0%                                                                                                    | 12.3%       |
| \$15,000 - over | 9.4                                                                                      | 12.7        | 5.1%                                                                                                    | 11.2%       |

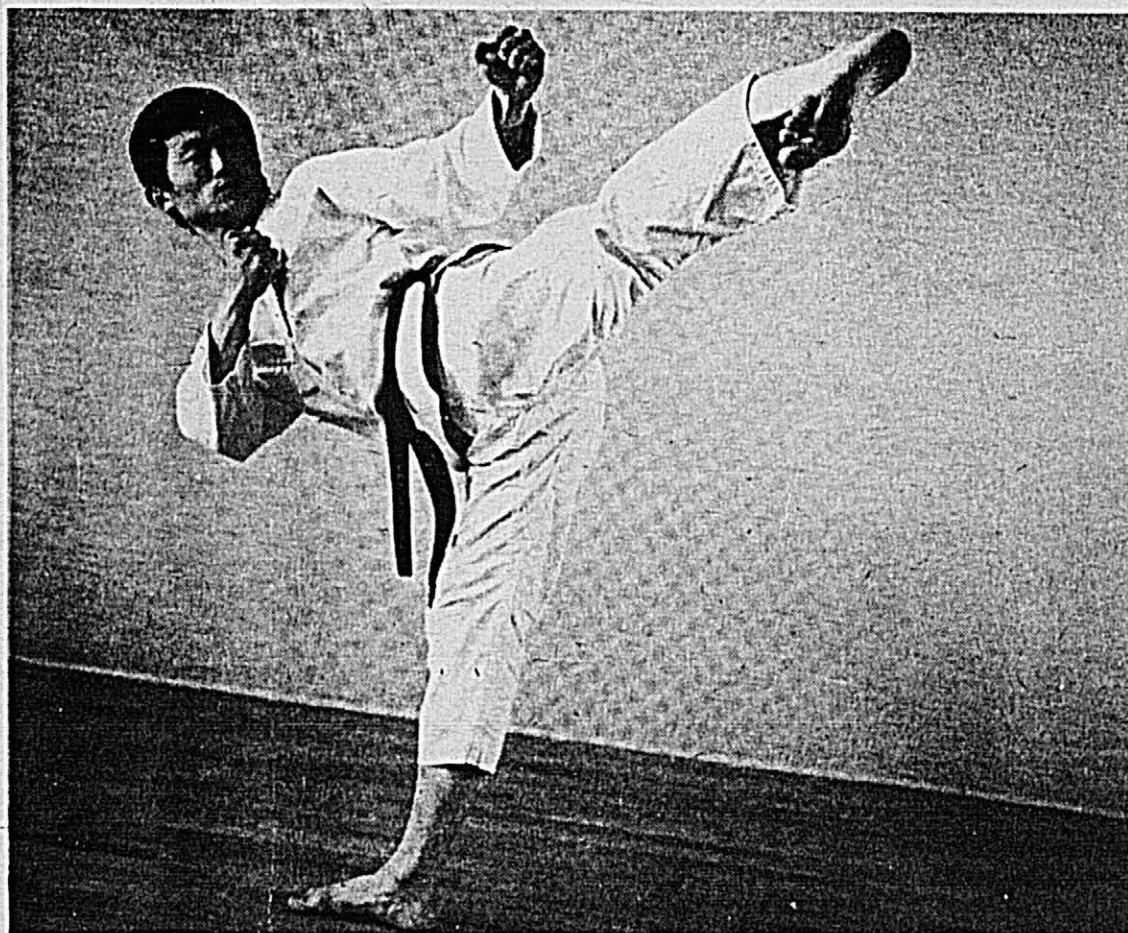
Note that for each of the two measures of sickness and each age group, the amount of sickness decreases as you read down the column; i.e. as the family income increases.

Source: U.S. Nat. Health Survey, Age Patterns in Medical Care, Illness and Disability, Series 10, No. 70.





# Martial art demonstration today



A maneuver in Taekwon-Do.

by Robert Aboud

A free demonstration of Taekwon-Do, a system of self-defense, will be given at McGill today at 12 pm in the Union ballroom by J.C. Kim, Director of the International Taekwon-Do Federation, and his pupils.

Taekwon-Do, invented by General Choi Hong Hi of the Korean Army, literally means the art of smashing with the hands and feet. The word "Tae" means to smash with the foot; "Kwon" denotes a fist and "Do" means the art of.

In the world of martial art, Taekwon-Do (TKD) is unique. While Karate and Kung-Fu rely mainly on hand techniques, TKD depends mainly on kicking techniques. There are two reasons for this: the legs have an obvious advantage of reach over the arms and kicks are obviously stronger and more effective than punches.

In TKD, physical build has nothing to do with effectiveness and the mastery of the art

because the key concepts are speed and agility.

TKD is now practiced in sixty countries by over thirty million people. Practitioners of TKD are found in the armies of Korea, South Vietnam, the U.S. and the police forces of virtually every major East Asian city.

TKD places as much emphasis on mental development as it does on physical development. Experienced practitioners believe that the mastery of the art is not possible without proper mental training.

TKD was recently introduced to Canadians and the first TKD World Championships were held in Montreal in October of this year with the U.S. team winning the world title. In Montreal, there are three schools recognized by the International Taekwon-Do Federation. These schools were founded by Kim, who is the Director of the Federation and its most valuable instructor. All are welcome to his demonstration today.

## Comment

# Classic Books workers need union

I must respond to the article entitled "Union Involvement in Classic's", by Susan McFarland (McGill Daily, Nov. 26). I would like to clarify and expand upon certain points published within my first article on the union drive for certification at Classic Bookshops.

Unfortunately, the report that I filed with the Daily had to be trimmed down to half its original size, because the Daily was pressed for space. Since I was not present when the final editing of the story was done, certain important facts were inadvertently deleted.

First, concerning intimidation of employees at Classic; the original article listed some examples of the campaign of intimidation waged by management. Threats of dismissal, promotions for those who "co-operated" by pledging not to join the union, and threatening phone calls or messages in the pay envelope, for those intent on becoming active union members, were all part of this strategy. If McFarland wants to

verify this, she can talk to, or phone Pat Nelson, Ted Terry, Peter Braman, and Lucien Duhamel, all of whom work or worked at Classic Bookshops and were subjected to such intimidation.

Second, McFarland will have much trouble arguing with the full report of Investigative Commissioner Roger Lecavalier, which establishes the validity of the allegations of the union concerning management intimidation of employees. Lecavalier decided that as a result of the activities of Classic management, employees were prevented from freely exercising their right to belong to a union.

Third, Classic employees do not have any assured rights or say in determining the terms of equal pay for equal work, overtime pay or a fair pension plan until they are legally defined in a signed contract obtained through collective bargaining. Moreover, job security will always be just a dream until such a contract is signed, work responsibilities are clearly delineated, and a union structure and

union resources are present to back the position of the workers.

What happens to someone who feels an unfair action has been taken against him by management?

Do you expect him to get a fair hearing and decision from the boss, the same person who committed the unfair practice?

Of course not. All the normal structures of the union, including the grievance committee, will serve to place the working staff on equal footing with management. The days when a working person has no legal or unofficial recourse from the individual, prejudicial actions of the boss because the worker is not organized must be ended.

Fourth, McFarland and I both agree that changes have occurred within Classic Bookshops since the union has appeared. McFarland attributes this change to improved management-labour communication, and the fact that "the management of Classic were made more aware that their employees were growing in number and

new systems had to be instituted to deal with the new problem."

The essential question is how and why was Melzack, the owner, made more aware of the long-standing problems of the employees. Did Melzack wake up one morning feeling generous? Of course not. It was the threat of organization of his employees, a threat that could destroy his position as emperor of soft-cover bookshops in North America, that forced him to give in and improve working conditions somewhat.

Melzack has been in the book business for a long time. Why weren't working conditions improved before there were any whispers of a union?

Melzack is like any other boss. He is looking to make as big a profit as possible; to divert money to improve working conditions for his employees is simply not profitable.

No wonder he allowed improvements in all his other stores! If Melzack did not, the employees in the other stores would see the difference in

quality of working conditions between their respective stores and Montreal area stores and would really raise a storm. Thus, Melzack is trying to nip the possibility of unionization in the bud. It will be very unfortunate if such efforts to buy out employees by offering such illusory gifts as an employee-management ombudsman service will succeed and defeat the union.

Unions today are part of the normal state of affairs. They are the only organizations consistently available to working people to help protect their own interests. As a worker at Classic bookshops it is in Susan McFarland's interest to join the union and actively participate in union activities. In addition, those of us who shop at Classic book stores must lend our support to the unionization drive. We cannot allow Louis Melzack to build an empire of soft-cover bookstores based on inferior working conditions and intimidation of employees.

Lewis Gottheil



# Art lives!

by Jerry Cohen

A new program of art classes, to be held every Monday began this week at Redpath Museum, under the direction of McGill's resident artist, Ahmed Yar Khan. The program is sponsored by the Students' Society which provides all materials without charge.

It was created in response to the popularity of a parallel program held on Wednesdays in Morrice Hall. It makes use of the museum's specimens, considered especially useful by Yar Khan, which were made available by the museum's director, Prof. John Lewis. The classes cover drawing and painting without oils.

Yar Khan has degrees in art from India and Germany, and

the Ecole des Beaux Arts here in Montreal, and has a degree in art education from the University of Montreal. He has had exhibitions at Brown University and other places. Recently several of his works were on display in the Union.

Yar Khan has been directing similar programs at McGill for the past four years. He does not lecture, and describes his classes as informal, with directions given in the nature of advice rather than rules. He says that he tries to steer the student to command fully the materials at his disposal. He is generally satisfied with the way the programs are working out. His principal wish at the moment is to obtain funds for

spotlights.

Related fine arts programs at McGill include: painting and drawing, with live models, each Wednesday, 6-9 pm in Morrice Hall, also directed by Yar Khan; and the following at the residences: drawing and painting with and without oils, on Sunday, 2-5 pm and with live models on Thursday, 7-9 pm, both directed by Yar Khan at McConnell Hall; batik, Tuesday, 7-9 pm, Thursday 6-9 pm and Sunday, 2-5 pm, directed by Mary Swaine at Gardner Hall; and sculpture, Wednesday, 7-9 pm, directed by Julian Kelemen at Gardner Hall.

These programs are open to the McGill community, staff and students alike.

## Letters

Is it Cain and Abel again?

To the Daily:

According to Douglas A. Cope's letter (Daily, November 13), my article on the Status of Jerusalem had "little relevance to the political problems of today's Middle East; it's Cain and Abel again." Mr. Cope wants "fair play" in this "lousy piece of desert." He thinks "the world would be better off if Jerusalem were swallowed up by an earthquake."

I would like to correct some of the impressions that Mr. Cope's letter might have evoked

amongst Daily readers. The article in question was the reportage of a FORUM lecture presented by a guest of the Institute of Islamic Studies, with no "intention to put forward a little propaganda for the Palestinians' cause."

For Mr. Cope's information, Makka is not the only holy city in Islam; there is also Madina, where the Prophet established the first Muslim community, and Jerusalem, which was holy to Muslims even before Makka. Again for Mr. Cope's information and in reference to his generalizations about religion; although Islam — in a religious sense — considers itself a continuation of Judaism and Christianity, Islam is not an offshoot of either Judaism or Christianity; it has its own genuine religious force.

I would like to request Mr. Cope to learn more about Islam and about the "Palestinians' cause" before he presents his thoughtless thoughts to the public; if the million Palestinian refugees had been fighting in King Farouk's army, there would have been no Israel. As for the Arabs who did not flee, it took Israel almost twenty years to allow them to travel without military passes. Moreover, the percentage of Arab representatives in the Knesset does not reflect the number of Arab Israeli citizens, to say the least.

In any case, the question of Palestine is not a religious question but a question of national identity and national rights.

M. Amin Tawfiq  
Islamic Studies FORUM



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**Student Christian Movement:**  
"Is Marriage Necessary?" by L. Casler, psychologist. All Welcome. L-230 at 1 pm. 392-4947.  
**Savoy Society Rehearsal:**  
For whole cast, same room as last week. 8 pm.  
**Men's and Women's Swim Team:**  
Coed tri-meet against Laval and Ottawa. Currie pool at 7:30 pm.  
**English Department:**  
Film screening "Relativity" by Ed Emshwiller. FDA Auditorium at 3 pm.  
**McGill Outing Club:**  
Square dance postponed from last Thursday is on tonight. Union ballroom at 8 pm. 392-8953.  
**I.S.A. Taekwon-Do Demonstration:**  
By J.C. Kim's school of Taekwon-Do. Union ballroom at 12 noon. 392-8940.  
**McGill Farmworkers Committee:**  
Meeting in Union 123 at 5 pm.  
**Motorcycle Club:**  
General meeting. Union 457 at 1 pm. 849-2566.  
**McGill Film Society:**  
"Oliver Twist" will be shown. L-123 at 8 pm. 392-8934.  
**Community McGill-Allan Memorial:**  
Meeting for all buddies. Annex to Allan Memorial Institute, room 8 at 5:30 pm.

## classifieds

### PERSONAL

Problem? Feel you need to rap with a rabbi? Call Israel Hausman 341-3580.

**ARE YOU A MARTIAN?** Tired of hassling with Earthmen? Meet & make meaningful contact with others like you. Sunday 1 p.m. Dominion Square.

### ENTERTAINMENT

MFS presents: Wednesday Night Classic, OLIVER TWIST, Nov. 27 in L132 at 8:00 p.m. Admission 50c. Info: 392-8934.

**Cultural Evening** — The South Asian Students present a "Cultural Evening" with Eastern dances, music and songs, Friday, November 29 at 8 pm in the Union Ballroom. Admission: \$2 for non-members, \$1 for members. Information — 849-6691, 331-9684. All welcome. Look for the discount ad in the Daily!

MFS presents SECRET BEYOND THE DOOR, Fri. Nov. 29 in L132. ALSO a fine Swedish film by Ingmar Bergman CRIES and WHISPERS, Sat. Nov. 30 in FDAA. Info. 392-8934.

### HOUSING

**WANTED: APARTMENT** (3 1/2 rooms or more) in eastern area of Outremont between Van Horne and Mount Royal. Telephone: 392-8914 or 849-1718 (after 6 p.m.)

2 1/2 to rent. \$85/mo., furnished, available Dec. 1, 3 min. from McGill (Prince Arthur) Info: 845-7374 after 6.

4 1/2 room apartment. 2 bedrooms. Available December 20. Sublet to May 1st or longer. 3425 Stanley St., 845-7983.

Downtown, Lorne Avenue, 3 1/2, bright, clean, wall to wall carpet, sublet \$170, 843-4386.

### FOR SALE

Valiant 69 automatic very clean good condition winterized 488-4103 after six.

1969 Toyota, blue 2 door 41,000 miles automatic no rust winterized, snow tires top condition \$575.00 call Angelo 365-1625 even.

Full length sheepskin coat, 1 year old. \$90 or best offer. Size 12-14. Call Joanne 845-8818 — daytime.

### MISCELLANEOUS

Return trip to New York Thanksgiving November 28-December 2. Expenses around \$20, call 845-5879.

Feel like banging your head against a wall? We have a nice one. Come up and see us. Interaction McGill #409 Union Building. Tel: 392-8981.

### OBITUARY

Red and White Revue 74-75 — of apathy. A post mortem diagnosis will be found in this week's McGill Reporter (which comes out Wednesday, November 27th.)

Silver-tipped, long-haired and all black 6 week-old kittens need loving homes. Phone Kelly at 481-2422. FREE.

**Needed:** Volunteer tutors to assist elementary school children in lower N.D.G. community 1 hr/wk. Mrs. Clancy 481-6074; Dominic 931-4833.

### JOBS

Part time secretary wanted to work for Winter Carnival '75, leave application with experience and qualifications at Students' Society office. Hourly wages offered.

### TYPING

Why not have a bilingual expert type your theses term papers, resumes, essays, etc. Fast and accurate. IBM typewriters. 342-2046.

### LOST

Two books of piano music — Bartok, Chopin, Nov. 22. URGENT. Call Miriam Lowi 279-6653 or return to Daily Advertising Office.



**Gay McGill:**  
General meeting, all welcome. Union B-46 at 8 pm. 392-8917.  
**Godspell:**  
Auditions being held for the McGill Players' production of Godspell. For info, come to Union 3rd floor office or call 392-8989.  
**Debating Union:**  
Tapes of 2 rounds from Dickinson tournament. Also A. Green will illustrate use of logic with rigorous yet elegant proofs. Union B-42 at 7 pm. 392-8909.  
**MacDonald Lecture:**  
"Addressing the Quality of Life: Economic Growth and the Measuring Rod of Money" by M. Olson. L-26 at 8 pm.  
**Auditions:**  
For male roles in Brecht's "Edward II" Morrice Hall 106 at 6 pm.

## What's What

**EAST ASIAN STUDIES**  
Lecture by Prof. Ingrid Schuster on "The First Effects of Japanese Theatre in Germany."

Thursday, November 28, 3:30 pm. Dept. of Fine Arts Lecture Room, Arts Building, top floor.

**CARIBBEAN STUDENTS' ASSOCIATION**  
Help out our Ethiopian brothers and sisters support dance. Admission \$1.50 per person, \$2.50 per couple. Friday, November 29 at 9 pm. S.G.V.U., Hall Building, 7th floor.

**COMMUNITY MCGILL**  
We will connect you to a volunteer job that suits your interests. Hospitals, daycare, big brothers, etc. Union 411: Monday 1-4 pm, Wednesday-Friday: 2-4 pm, Tuesday-Thursday: 1-3 pm.

**DEBATING UNION**  
John Warner, Professor of Sociology at the University of Regina, will speak on Capitalism and the North American Indian." Friday, November 29 at 8:30 pm in Leacock 219.

**HAITIAN ANTI-DEPORTATION**  
Demonstration against the deportation of 1500 Haitians. Sponsored by several student groups. Tomorrow, November 28, 7 pm. Starting from 3553 St. Urbain St.

**SOUTH ASIA CULTURAL EVENING**  
A programme of songs and dances from South Asia. Friday, November 29 at 8 pm. Union ballroom.

**CYAN LINE**  
The new McGill Literary Magazine. Important meeting. Thursday, November 28 at Morrice Hall, room 8, at 4 pm. All welcome. More info call 288-8466.

**MCGILL PLAYERS**  
Auditions are being held for "Godspell." Wednesday, Friday and Saturday. For more info, come to Players' Office on third floor of Union, or call 392-8989.

Hillel presents:

**BERNIE AVISHAI**

(contributor to "New York Review of Books")

will speak on:

**"ZIONIST COLONIALISM —  
MYTH & DILEMMA"**

Wednesday, November 27, 1974  
at 1 P.M.  
at the Student Union — Rm. 327

Marriage...  
House in the Suburbs...  
Two Kids?...

Is there an Alternative?

The Student Christian Movement  
"The Yellow Door"  
Presents

Three-day  
noon-hour workshop  
on

**Discovering Different  
Lifestyles**

WEDNESDAY, NOVEMBER 27, LEACOCK 230, 1:00 p.m.

**"IS MARRIAGE  
NECESSARY?"**

Prof. Lawrence Casler from New York will talk and conduct a discussion on alternate styles of marriage.

THURSDAY, NOVEMBER 28, LEACOCK 14, 1:00 p.m.

**"BUILDING NEW  
COMMUNITIES"**

Panel and discussion with two people who left the urban work-force to build two types of community — a Catholic Worker Movement farm and a l'Arche Institute farm for the mentally handicapped.

All Welcome  
Free

For more information call 392-4947



**McGill on the rocks****Curling action report**

by The Godfather

Since I have a paternal interest in the organization, it gratifies me to see three teams representing McGill in the Colts this year. By the time this piece of prose gets into print, sandwiched between the classifieds, the teams will have already played their first games.

The three teams are skipped by Bob Macdonald, Gren Schoch, and Oleg the Z. They all appear to be very confident. In fact, the only thing they seem to be worried about is how to get to the game locations, which are scattered throughout the island and off it. Results of their games will be released as soon as they are available.

For Gren Schoch, this tournament will serve another purpose, as his team tries to right themselves following their defeat at Greystone. Ste. Annes beat them 7-6 in an extra end. This was a game dominated by missed shots, but an underlying fact was Gren's difficulty in making sweep calls on take-outs. This was largely responsible for preventing McGill from generating a consistent offence.

For Oleg the Z, this marks a comeback to competitive cur-

ling after a lengthy absence. His play in the club, though inconsistent, has shown flashes of brilliance. He could be a dark horse possibility to win his zone.

Bob Macdonald is another longshot, mostly due to the fact that he is virtually unknown here. This reporter hasn't, as yet, had a real good look at his play, so predictions in this case would be meaningless. Good luck to Bob and to the rest of the curlers.

**Tricky Dick**

Meanwhile, back at the MCC mixed league, history was made on Sunday when Laura Davis filed a protest concerning the result of her match with Susan Maxner. After the game, Laura was up in arms about the tactics of the opposing third, Richard Dubois, our honest true-blue pres. His failure to put up the score in the fifth end left Laura in a state of confusion. During the final end, she thought the game was tied, and so, adjusted her strategy accordingly, and attempted a difficult draw to score what would have been a winning point. In actual fact, Laura had a 1 point lead, and so could have played an easier shot

to win. The final score, a 3-3 tie, will stand however.

In other games, Gren Schoch defeated Curt Folkerson 6-2. Curt obviously had difficulty filling Big Gail Begg's shoes. Also, Oleg Z, had yet another tie, this time 4-4 against Mike Cohen, who also seems to be prone to kissing his sister. For both rinks, it was their second saw-off in three contests.

**SHOT ROCKS:** Next games are Dec. 1, 1 pm, at TMR... for men's league games, call Richard Dubois or Mike Cohen... a junior bonspiel for males under 22 as of Jan. 1, 1975, will run from Dec. 26-28 in local clubs, mostly TMR, Heather, Montreal West, etc... deadline for entries is Nov. 28, so if you're interested, please inform Richard or Mike, either by phone, or at Burnside Hall room 1124... quotes of the week: rarely quoted Charmaine Roye had this to say about the club: "I'm sick of the club... I've got a cold, cough, sore throat..." and from a non-curler, Werewolf Cornfield, floor hockey fanatic: "Oh, curling is a very clean sport..." he had a broken thumb at the time... see you next week!!!



There will be a swim meet at the Arthur Currie swimming pool tonight at 7:30. Admission is either twenty dollars or a cheerful smile.

**Curlers win**

by Mystery Med

McGill's first game in the Colt's tournament for players with five years or less experience took place Monday night at the Lachine Curling Club located just sixty miles north of the Styxx. Pitted agin' each other were John Tsonos' Montreal West rink and McGill's own prodigal son Oleg Zadorozny and his gaggle of rinkmates.

**Tough start**

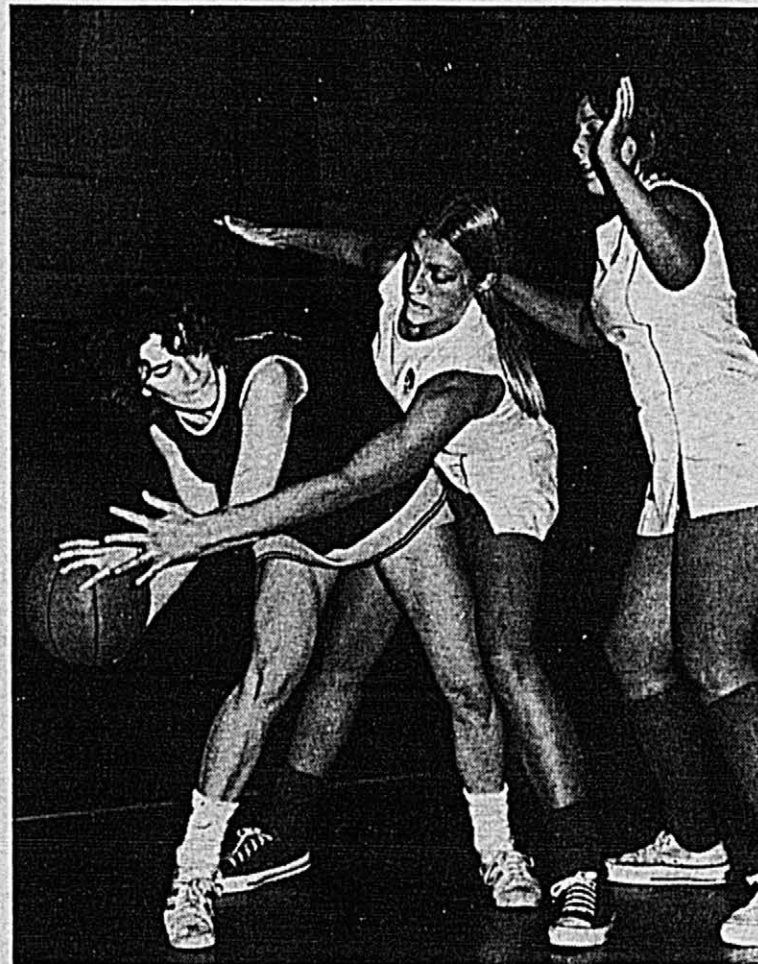
Things started badly for McGill when they spotted Montreal West an early lead...i.e. at least 20 years in age. However, sure-handed lead Lorne Merryweather, who found his deadly teeline weight in the second end and played well 'nigh flawlessly thereafter, won the toss with his two-headed coin and McGill never looked back en route to their 9-3

triumph.

In the postgame rehash (no, not wine women and song, but rather beer boys and talk), the blame for the victory was placed squarely on the shoulders of second Richard Bowser whose tenacious style of consistent play earned him the name "Bulldog," and third Bob Altken for his fine marksmanship and Gibraltar-like steady influence on his topsy-turvy skip.

**Don't go away**

As of this printing last night, the rest of McGill's large contingent in the tournament were taking to the ice, with Gren Schoch playing Wentworth's Norm Millard, and Oleg Zadorozny tackling Otterburn's Ken Adams both at TMR, while Bob McDonald tries Wally Medford of Pt. Claire at Ste. Annes. Tune in Friday for a progress report.

**Sports**

Harold Rosenberg

McGill's Supersquaws press a desperate SGWU player on the basketball court at the Currie gym. In the game, played a week ago, McGill soundly defeated Sir George 73-12. They must be doing something right.

**Women's Sports Scene**

by Ivy Steinberg

In an age where many people ask what can be done for them, there is an organization called the Women's Athletic Association which has many facilities and varied programs to offer the female student body at McGill. It has been noticed, strangely enough, that the majority of the girls do not realize what the W.A.A. has to offer, who is involved, and where to find information about events happening. In a concerted effort to inform you of what's going on, the W.A.A. is holding an open meeting Tuesday, December 3, 7:30 p.m. in the COTC lounge, third floor Currie Gym. Anne Langlois, in charge of public relations for the W.A.A., emphasized that the meeting is for everyone, that means that all you girls on lower campus who do not even know where the gym is (remember registration) are especially wanted at the meeting. Of course, all of you who grace the halls and offices of Sir Arthur Currie regularly will find much to your interest Tuesday.

Using the facilities available, audio-visual effects will enhance some brief reports on publicity, intramural and extra-mural sports with a few words on what the W.A.A.'s plans are and what they hope to accomplish. This semi-annual

meeting will then be thrown open to the floor for a discussion and question period. Your opinions, if you have any, on what improvements or changes you would like to see are needed to get an idea of whether or not the W.A.A. is doing its job to the fullest extent. Feedback from you, the participant is the only way to get anything accomplished. If there is a sport not offered in intramurals that you would like to see, this is the time to speak your mind. If you've participated and have complaints or perhaps praise, please come forward. There are some very dedicated staff in the W.A.A. who give up much of their free time for you. It would not only be a shame but a disgrace if you did not attend this meeting designed to inform you and listen to you. As an added incentive, coffee and dessert will be served. Remember that's this Tuesday night in the COTC lounge.

by Ivy Steinberg

It is an amazing phenomenon, the lack of interest that is rampant of this year's varsity squads. The Women's Volleyball team will probably have one of its best seasons in a long time but just mention to the team the word publicity and all you hear is a long list of some very old excuses. Perhaps the team members feel that writing could be detrimental to those delicate fingers of theirs, or perhaps it's that the fact that some think there will always be someone to look after it. Whatever their thoughts, it is not for the good when the coach has to offer her only free day to throw something together for a group of what can only be called a fairly selfish bunch.

The best patient though is the hockey team whose condition can only be classified as critical. Certain members feel that the team is a big joke but having to make a 7:30 a.m. practise in which only half the team shows up is not too funny. A little effort seems to be a skill in which many players are lacking. When half the team is keen and the other half would rather be out downing a brew, there is not too much cohesiveness on the team. My only remark on all this is: Why are you playing varsity if you don't want to work?





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# TOWNIES

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750 Sherbrooke St. W.  
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## Student Information Centre

Comprehensive info on McGill (clubs, events, etc.),  
Montreal (places to stay, eat, etc.), and anything else we  
could think of!!!

Free Phone (so you don't have to get ripped off for 20 cents!)

Monday - Friday  
11:00 - 3:00  
392-8996  
Main Floor - Union

(You can't miss us — we're between the men's and women's  
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McGill Film Society  
presents

## Oliver Twist

with Alec Guinness,  
Robert Newton

"...a film for the whole family."

Wed. Nov. 27  
Place: L132  
Time: 8:00 p.m.  
Admission: 50 cents  
INFO: 392-8934



## COLUMBIA UNIVERSITY

Graduate School  
of Business

Ms. Anita Lands will be on campus November 28th to  
speak with students from all disciplines who are  
interested in a graduate management education. There  
are nine concentrations offered in the Business School,  
plus joint degree programs with the schools of Law,  
Journalism, Public Health, Architecture, International  
Affairs and Teachers College. For further details,  
please contact your placement office, 762 Sherbrooke  
Street West.

McGill International Students' Association  
presents a free

## TAEKWON-DO

(International art of self defense)

demonstration by  
J.C. KIM'S School of Taekwon-Do

Union Ballroom. Wednesday Nov. 27th at 12 pm to 1:30



Build a  
Renaissance  
Flute

Continuing Education Music (sgw)  
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## Transverse Wooden Flute

Fee: \$90 plus materials  
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20 hours on an individual  
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Registration and Information:  
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## Charles Mingus

Nov. 26 - Dec. 1

Shows start at 9:30; 11:30; 1:30

opening Dec. 3  
Luther Allison

\*This coupon is worth a dollar off your admission upon  
presentation. Valid Wednesday night only.

IN CONCERT, 2 Le Royer, Notre Dame/corner of  
St Laurent below Notre Dame

861-5669

## LOGO CONTEST

Honorarium offered to winner. We're  
having an identity crisis and need a logo  
(symbol, mascot). Submit 8" x 10" drawings  
to Students' Society Office with your name  
and phone # no later than Friday, Dec. 13,  
1974. Anyone interested in working Feb.  
17-23 contact us in B 24, Union, or call  
392-8911. Thanx.

## Winter Carnival